

REQUEST FOR COPY OF <input type="checkbox"/> DEATH <input type="checkbox"/> FETAL DEATH <input type="checkbox"/> BIRTH RESULTING IN STILLBIRTH						
WARNING: False application for a death certificate is a felony offense. Signature of applicant must be NOTARIZED (mail ONLY) or this form must be accompanied by a copy of a VALID GOVERNMENT ISSUED PICTURE I.D. which contains the applicant signature.						
Date	Enclosed \$ _____ (amount) in _____ (form of payment) for _____ (number of copies)					
I. Decedent (Person on Certificate)					FOR OFFICE USE ONLY	
Name of Deceased (First, Middle, Last)			Date of Death	Sex		
Social Security Number		Are Copies to be Used for US Gov't Claims? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, List Each Type of Claim		
Place of Death - Hospital or Residence (City, County, State)					Date Issued	
					State File Number	
II. Applicant (Person Making Request)	Credit/Debit Card MC <input type="checkbox"/> Visa <input type="checkbox"/>			Exp. Date MM/YY		
	<div style="display: flex; justify-content: space-between;"> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </div>					
	Your Signature ➞ 					Subscribed and Sworn to or Affirmed Before Me This _____ Day of _____ My Commission Expires _____
	Your Name					
	Your Mailing Address (Number & Street)					
(Town, State, Zip Code)						
Print Plainly - Return Address	Relationship to Registrant (e.g. parent, attorney, etc.)		Reason for Request		Phone Number (Required)	

PARTICIPATING OFFICE LOCATIONS

Up to the first 30 days following the registration of a death record you should request certified copies by mail or in person from the county office in the county where the death occurred. Starting **30 days after** the registration of a death record, or if death occurred in an Arizona county not listed below, you should request certified copies of a death record from the state office. **Please note payment types accepted at office locations: Cash (C) - in person only, Money Order (MO) , Personal Checks (PC), Credit Cards (CC), Debit Cards (DC).**

Apache County Health Department 75 W. Cleveland Street St. Johns, AZ 85936 (928)337-7525 Serving the public on Wednesdays only from 8:00 a.m. to noon and 1:00 p.m. to 5:00 p.m. (MO) Only	Cochise County Health Department 1415 W. Melody Ln., Bldg. A Bisbee, AZ 85603 (520)432-9400 (C) (MO)	Coconino County Health Department 2500 N. Fort Valley Rd., Bldg. 3 Flagstaff, AZ 86001 (928)226-2715 (C) (MO) (PC) (CC)
Graham County Health Department 826 W. Main Safford, AZ 85546 (928)428-0110 (C) (MO) (PC)	Maricopa County Office of Vital Registration 3221 N. 16th St., Suite 100 Phoenix, AZ 85016 (602)506-6805 (C) (MO) (PC) (CC) Mail to: PO Box 2111 Phoenix, AZ 85001	Navajo County Health Department 117 E. Buffalo St. Holbrook, AZ 86025 (928)524-4750 (C) (MO) (PC)
Pima County Health Department Vital Records Office 3950 S. Country Club Road Ste. 100 Tucson, AZ 85714 (520)243-7930 (C) (MO) (PC) (CC) (DC)	Pinal County Health Department 500 S. Central Ave. Florence, AZ 85232 (520)866-7318 / (800)231-8499 (C) (MO) (PC) Mail to: PO Box 2945 Florence, AZ 85232	Yavapai County Health Department 1090 Commerce Prescott, AZ 86305 (928)771-3125 (C) (MO) (PC)
Yuma County Health Services Vital Records Department 2200 W. 28th Street Yuma, Az. 85364 (928)317-4530 (C) (MO) (www.co.yuma.az.us)	State Office of Vital Records 1818 W. Adams St. Phoenix, AZ 85007 (602)364-1300 (C) (MO) (CC) (DC) Mail to: PO Box 3887 Phoenix, AZ 85030	